

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NOS.:</div> </div> ATTORNEY FOR (Name): <div style="border: 1px solid black; padding: 2px;"> SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814 <input type="checkbox"/> FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101-3294 <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA, 92081-6651 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020-3941 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649 </div>	FOR COURT USE ONLY
PETITIONER(S)	
RESPONDENT(S)	
<div style="display: flex; justify-content: space-between;"> <div> FAMILY COURT SERVICES SCREENING FORM (San Diego County Superior Court Rules, Division V, Rules 5.39 & 5.60) </div> <div>CASE NUMBER</div> </div>	

FATHER

Name: _____

Address: _____

Daytime Phone (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Phone: _____

MOTHER

Name: _____

Address: _____

Daytime Phone (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Phone: _____

NOTE: THIS SCREENING FORM IS FOR FAMILY COURT SERVICES USE ONLY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

CHILDREN SHOULD NOT ACCOMPANY PARENTS TO MEDIATION UNLESS SPECIFICALLY REQUESTED BY MEDIATOR.

FAILURE TO APPEAR OR FAILURE TO CANCEL THE MEDIATION APPOINTMENT LESS THAN TWO BUSINESS DAYS PRIOR TO THE APPOINTMENT TIME MAY RESULT IN SANCTIONS UP TO \$1500 TO ONE OR BOTH PARTIES.

- | | | Yes | No |
|--|--|--------------------------|--------------------------|
| 1. Does either party allege domestic violence | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a domestic violence Temporary Restraining Order? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does either party require a Spanish-speaking counselor?
(Parties must provide interpreter for any language other than English) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is either party out of the San Diego County necessitating phone mediation? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is a third party requesting custody or visitation? | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grandparent Joinder | | | |
| <input type="checkbox"/> Other: _____ | | | |
| Name and relationship to child(ren) | | | |

Date: _____

Filing Party/Attorney Signature _____